



Alcimedès

The 1960s and 1970s was an age of changing moral values and social attitudes. In the scientific community, the words “ethical” and “approval” hadn’t yet met properly, let alone held hands or shared their first kiss, and psychologists were carrying out some far-fetched experiments and somehow getting away with them. Unfortunately, ethical is now married to approval with 2.4 children and the various ethical committees that have sprung from nowhere in recent years are much more wary of interesting but sometimes morally dubious psychology experiments.

In 1973, the American psychologist David Rosenhan published an article examining the accuracy of mental health diagnosis.¹ He arranged for eight actors to fake various psychiatric symptoms: all eight actors were subsequently admitted to hospital with the diagnosis of schizophrenia or bipolar disorder. In a later part of the study, one of the hospitals in the study challenged Rosenhan to send a further group of pseudo-patients to their hospital, but this time the hospital would use stricter criteria for admission. Of the 193 patients studied, 83 of them were considered to be (or likely to be) pseudo-patients by the hospital staff. In actual fact, Rosenhan had sent no pseudo-patients.

The “Rosenhan experiment” is a landmark study in the field of psychology and its findings will be familiar to those of us who work with patients with alleged mental health issues: establishing fact from fiction, self-pity and exaggeration often relies on little more than educated guesswork and gut instinct, especially as there are rarely any biochemical, pathological or radiological studies to confirm clinical suspicions.

The Moors murderer Ian Brady is a case in point. Had Brady been part of the Rosenhan experiment, there is little doubt that he would have been admitted, but at the time of writing (28th June 2013), Brady appeared at a Mental Health Tribunal where he was challenging his 28 year detention at the secure mental unit, Ashworth Hospital. He alleged that he had faked his symptoms for years by using method-acting, and dismissed his psychiatrists and other healthcare professionals as being amateurs. This pseudo-intellectual also informed the panel that he read Shakespeare and Plato on a regular basis, although he did not appear to have consulted a dictionary to look up the words “ethical” and “approval” at any time during his incarceration. Had he done so, he would have noticed his low scoring in both categories.

Ultimately, the tribunal decreed that he was too mentally ill to be transferred to jail, and his transfer request from Ashworth Hospital was therefore declined. The tribunal must have been blessed with the wisdom of Solomon, as any decision that was made was liable to be dissected in microscopic detail and attract some form of criticism from one or other direction.

Professor Rosenhan died in 2012 at the age of 82, but the experiment that bears his name provides his legacy. Meanwhile, Ian Brady would likely have dismissed Rosenhan's actors and their experiment as being amateurish.

On the subject of mental health, the detention of people suffering from mental health issues has made headlines following the publication of the joint inspection report, “A Criminal Use of Police Cells?”²

Compiled by the HMIC, HMIP, CQC and Healthcare Inspectorate Wales, figures suggest that over 9000 people were detained under Section 136 in police cells in England and Wales in 2011–12. Although the report's authors only studied 70 of these cases in detail, they concluded that such detention was medically inappropriate for the needs of the individuals concerned, and that detention in mental health facilities would have been more suitable. The commonest reasons for not transferring the patient to a mental health facility were lack of trained staff, and no beds being available.

With decreasing numbers of mental health beds across the land, Alcimedès looks forward with interest to how the current system can be changed. Making such recommendations is all very well, but conjuring beds and mental health staff out of thin air is all a tad unlikely.

A recent report from the United Nations Office on Drugs and Crime (UNODC) has suggested that there is a worldwide increase in the use of legal highs, whereas the use of traditional recreational illicit drugs, such as Heroin and cocaine, appears to be stable.³ Rather worryingly, the UK appears to be leading the way in Europe with 700,000 15–24 year olds having experimented with legal highs.

In recent years, authorities have struggled to keep up with legislating against legal highs. As soon as one is made illegal, another one pops its head up to say “Hello” and proves to be equally popular. Despite being awarded Class B status in the UK in 2010, MCAT, or “Miaow,” remains a favourite on the streets: in tests, 8 out of 10 MCAT owners preferred it.

The UK government has announced a new set of minimum standards for patients in hospitals, to be launched at some point in 2013. The plans are being drawn up by the nation's favourite

acronym, the CQC.⁴ It is being proposed that any such charter will then extend to other areas, including general practice and care homes.

This therefore raises the question as to how effective Lord Ara Darzi's "NHS Constitution" of 2008–9 has been. Although an original NHS Charter had appeared in 1991, Darzi's contribution was launched to mark the 60th anniversary of the NHS in 2008, but as it needs an overhaul within five years of its creation, this surely implies that it hasn't worked.

The letter "M" appears three times in "Minimum standards." As it does in "More gimmicks."

Following on from a consultation process in early 2013, the Government is set to back proposals from the Human Fertilisation and Embryology Authority (HFEA) that will allow "3 person" IVF.⁵ Scientists will be allowed to treat serious mitochondrial abnormalities that affect 1 in 6500 births and that can be fatal to the foetus or child, by using IVF techniques that allow mitochondrial transfer. In doing so, the UK will set precedent as being the first country to offer such a procedure.

Draft regulations will be published in late 2013 and the Government estimates that 10 lives per year could be saved.

Following a recent Freedom of Information request by the mental health charity Mind, a report has been submitted to the government calling for a ban on the face-down restraint of patients in mental health units.⁶ In particular, the Northumberland (Tyne and Wear) and Southern Health (Southampton) Trusts accounted for approximately half of all face-down restraints in 2011–12 (923 and 810 cases respectively.) Interestingly, 27 of the 54 Trusts did not record the information, even though there is a statutory duty to do so. The report states that there have

been 13 restraint-related deaths since 1998, with 11 cases occurring in 2011.

Changes to the way that children and vulnerable adults present evidence to Court are to be piloted in England and Wales.⁷ Implementing Section 28 of the Youth Justice and Criminal Evidence Act 1999, a pilot scheme will look into how pre-court videoing/questioning might reduce the time spent under interrogation in Court. The scheme appears to have universal backing, with thunderous support coming from the Lord Chief Justice, the Home Select Affairs Committee and Keir Starmer (DPP). Although pre-filming evidence is currently acceptable, several recent high-profile cases have highlighted aggressive and prolonged questioning by lawyers and it is hoped that a greater emphasis on pre-court questioning and recording will reduce the trauma for young and vulnerable witnesses.

References

1. Rosenhan D. On being sane in insane places. *Science* 1973; **179**(4070):250–8.
2. *A criminal use of police cells?* Joint Inspection; June 2013. <http://www.hmic.gov.uk/media/a-criminal-use-of-police-cells-20130620.pdf>.
3. *World drug report 2013*. United Nations; May 2013. http://www.unodc.org/unodc/secured/wdr/wdr2013/World_Drug_Report_2013.pdf.
4. *CQC charter of rights for patients*. National Health Executive; 17 June 2013. <http://www.nationalhealthexecutive.com/Inspection-and-Regulation/Page-8/cqc-charter-of-rights-for-patients>.
5. *Innovative genetic treatment to prevent mitochondrial disease*. <https://www.gov.uk/government/news/innovative-genetic-treatment-to-prevent-mitochondrial-disease>; 28 June 2013.
6. *Mind calls for end to life-threatening face down restraint in mental health hospitals*. Mind official website, http://www.mind.org.uk/news/9085_mind_calls_for_end_to_lifethreatening_face_down_restraint_in_mental_health_hospitals; 18 June 2013.
7. Carter C. *Lord Chief Justice calls for children to have evidence video recorded*. The Telegraph; 10 June 2013. <http://www.telegraph.co.uk/news/uknews/law-and-order/10109617/Lord-Chief-Justice-calls-for-children-to-have-evidence-video-recorded.html>.